

OFFICIAL

State/Territory: NEW JERSEY

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Dependent Children

- c. Intermediate care facility services.
- ☒ Provided: ☐ No limitations ☐ With limitations*
15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(a) of the Act, to be in need of such care.
- ☒ Provided: ☐ No limitations ☐ With limitations*
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
- ☒ Provided: ☐ No limitations ☐ With limitations*
16. Inpatient psychiatric facility services for individuals under 22 years of age.
- ☒ Provided: ☐ No limitations ☐ With limitations*
17. Nurse-midwife services.
- ☒ Provided: ☐ No limitations ☒ With limitations*
18. Hospice care (in accordance with section 1905(o) of the Act).
- ☒ Provided: ☐ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 86-17

Supersedes

TN No. 86-6

Approval Date MAY 29 1987

Effective Date OCT. 1 1988

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NELL

HCFA ID: 0140P/0102A

OFFICIAL

State/Territory: NEW JERSEY

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Aged, Blind or Disabled

c. Intermediate care facility services.

☒ Provided: ☐ No limitations ☐ With limitations*

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(a) of the Act, to be in need of such care.

☒ Provided: ☐ No limitations ☐ With limitations*

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☒ Provided: ☐ No limitations ☐ With limitations*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided: ☐ No limitations ☐ With limitations*

17. Nurse-midwife services.

☒ Provided: ☐ No limitations ☒ With limitations*

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided: ☐ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 86-17

Supersedes

TN No. 86-6

new

Approval Date MAY 29 1987

Effective Date OCT. 1 1986

HCFA ID: 0140P/0102A

State/Territory: New Jersey

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Pregnant Women

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

☒ Provided: ☒ With limitations*

☐ Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

☐ Provided: ☐ With limitations*

☒ Not provided.

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

☒ Provided: ☒ Additional coverage

- b. Services for any other medical conditions that may complicate pregnancy.

☒ Provided: ☒ Additional coverage ☐ Not provided.

21. Certified pediatric or family nurse practitioners' services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

TN No. 95-23 Approval Date DEC 22 1995 Effective Date SEP 18 1995
Supersedes
TN No. 91-33

OFFICIAL

State/Territory: New Jersey

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Dependent Children

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

☒ Provided: ☒ With limitations*
☐ Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

☐ Provided: ☐ With limitations*
☒ Not provided.

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

☒ Provided: ☒ Additional coverage⁺⁺

- b. Services for any other medical conditions that may complicate pregnancy.

☒ Provided: ☒ Additional coverage⁺⁺ ☐ Not provided.

21. Certified pediatric or family nurse practitioners' services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

TN No. 95-23
Supersedes 91-33 Approval Date DEC 22 1995 Effective Date SEP 18 1995

State/Territory: New Jersey

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Aged, Blind and Disabled

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

X Provided: X With limitations*

 Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

 Provided: With limitations*

X Not provided.

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

X Provided: ⁺ X Additional coverage ⁺⁺

- b. Services for any other medical conditions that may complicate pregnancy.

X Provided: ⁺ X Additional coverage ⁺⁺ Not provided.

21. Certified pediatric or family nurse practitioners' services.

X Provided: No limitations X With limitations*

 Not provided.

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

TN No. 95-23

Supersedes

TN No. 91-33

Approval Date

DEC 22 1995

Effective Date

SEP 18 1995

State/Territory: NEW JERSEY

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Pregnant Women

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations*

d. Skilled nursing facility services provided for patients under 21 years of age.

☐ Provided: ☐ No limitations ☐ With limitations*

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations*

TN No. 87-4
Supersedes
TN No. 86-17

Approval Date SEP. 2 1987

Effective Date APR. 1 1987

HCFA ID: 1042P/0016P

OFFICIAL

State/Territory: NEW JERSEY

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Dependent Children

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*

☒ Not provided.

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations*

d. Skilled nursing facility services provided for patients under 21 years of age.

☐ Provided: ☐ No limitations ☐ With limitations*

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations*

TM No. 92-19A
Supersedes
TM No. 87-14

Approval Date JUN 29 1992

Effective Date NOV 29 1991

HCFA ID: 1042P/0016P

State/Territory: NEW JERSEY

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Aged, Blind or Disabled

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).
☐ Provided: ☐ No limitations ☒ With limitations*
☒ Not provided.
23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- a. Transportation.
☒ Provided: ☐ No limitations ☒ With limitations*
- b. Services of Christian Science nurses.
☐ Provided: ☐ No limitations ☐ With limitations*
- c. Care and services provided in Christian Science sanatoria.
☐ Provided: ☐ No limitations ☐ With limitations*
- d. Skilled nursing facility services provided for patients under 21 years of age.
☐ Provided: ☐ No limitations ☐ With limitations*
- e. Emergency hospital services.
☒ Provided: ☐ No limitations ☒ With limitations*
- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.
☒ Provided: ☐ No limitations ☒ With limitations*

TM No. 92-19A
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TM No. 87-14

Approval Date JUN 29 1992

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ATTACHMENT 3.1-B
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State/Territory: New Jersey

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

24. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 Provided X Not Provided

TN No. 94-13
Supersedes _____ Approval Date AUG 15 1994 Effective Date APR 1 - 1994
TN No. **New**

State/Territory: New Jersey

OFFICIAL

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Pregnant Women

24. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 Provided X Not Provided

25. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

 X Provided: X State Approved (Not Physician) Service Plan Allowed

 X Services Outside the Home Also Allowed

 X Limitations Described on Attachment

 Not provided.

TN No. 94-29
Supersedes 94-24 Approval Date FEB 24 1995 Effective Date OCT 1 - 1994
TN No. 94-24